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Bib Data Sheet

CONFIRMATION NO. 1793

SERIAL NUMBER 10/602,927	FILING DATE 06/24/2003  RULE	CLASS 424	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. USAV2001/0172USNP
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/391,035 06/25/2002

XZ 3/16/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 0224017.4 10/16/2002

XZ 3/16/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/10/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i> XZ Examiner's Signature Initials	NJ	0	17	6

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## TITLE

Osteopontin, oligodendrocytes and myelination

<b>FILING FEE</b>  <b>RECEIVED</b> 1132	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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